

PTO/SB/21 (10-07)

Approved for use through 10/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

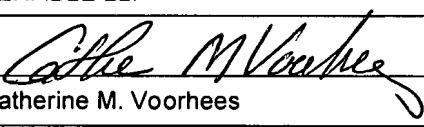
Total Number of Pages in This Submission

| | |
|------------------------|------------------------|
| Application Number | 10/702,093-Conf. #8019 |
| Filing Date | November 6, 2003 |
| First Named Inventor | Lutz Lohmann |
| Art Unit | 2621 |
| Examiner Name | E. J. Rekstad |
| Attorney Docket Number | 38412-198025 |

ENCLOSURES (Check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Form 08A; copy of EP Office Action of 12/21/2005; translation of the Office Action; copy of WO02/0730856 |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | VENABLE LLP | | |
| Signature |  | | |
| Printed name | Catherine M. Voorhees | | |
| Date | November 16, 2007 | Reg. No. | 33,074 |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Lutz Lohmann

Art Unit: 2621

Application No: 10/702,093

Examiner: E. J. Rekstad

Confirmation No: 8019

Filed: November 6, 2003

Atty. Docket No: 38412-198025

For: METHOD AND DEVICE FOR
MONITORING AN AREA OF
COVERAGE

Customer No:

26694

PATENT TRADEMARK OFFICE

INFORMATION DISCLOSURE STATEMENT (IDS)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the reference listed on the attached PTO/SB/08. This reference was cited in the enclosed European Office Action dated December 21, 2005. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

A translation of the Office Action and the applicant's response are attached as well as a copy of the cited reference.

11/19/2007 JADDO1 00000133 220261 10732093

The instant Information Disclosure Statement is being filed after the mailing date of a first Office action on the merits, but before receipt of an action that closes prosecution in the application. Accordingly, the Commissioner is authorized to charge the fee of \$180.00 to Deposit Account No.

22-0261. The Commissioner is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith to our Deposit Account No. 22-0261.

It is submitted that the Information Disclosure Statement is in compliance with 37 CFR 1.98 and the Examiner is respectfully requested to consider the listed references.

By Catherine M. Voorhees
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 180.00)

Complete if Known

| | |
|----------------------|------------------------|
| Application Number | 10/702,093-Conf. #8019 |
| Filing Date | November 6, 2003 |
| First Named Inventor | Lutz Lohmann |
| Examiner Name | E. J. Rekstad |
| Art Unit | 2621 |
| Attorney Docket No. | 38412-198025 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of Credit any overpayments
 fee(s) under 37 CFR 1.16 and 1.17

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 |
| Design | 210 | 105 | 100 | 50 | 130 | 65 |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

| Fee (\$) | Small Entity |
|----------|--------------|
| 50 | 25 |
| 210 | 105 |
| 370 | 185 |

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|--------------|--------------|----------|---------------|---------------------------|
| - = | x | = | | Fee (\$) |
| | | | | Fee Paid (\$) |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| - = | x | = | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | /50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|-------------------|
| Signature |  | Registration No. (Attorney/Agent) | 33,074 | Telephone | (202) 344-4000 |
| Name (Print/Type) | Catherine M. Voorhees | | | Date | November 16, 2007 |

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